



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1581

DATE: December 2, 2015

TO: Iowa Medicaid Hospitals, Physicians, Dentists, Podiatrists, Optometrists, Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agency, Intermediate Care Facilities, Community Mental Health Center, Mental Hospitals, Community Based ICF/MR, Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Centers, Certified Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federally Qualified Health Centers, Nursing Facility-Mental III and Advanced Register Nurse Practitioner Providers

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Update to IME Medicare Crossover Claim Forms

EFFECTIVE: Immediately

This letter is to notify providers that the IME Medicare Crossover Claim Forms have been updated to accept ICD-10 diagnosis codes as of October 1, 2015. Effective immediately please verify that the current version of the claim forms are being used when submitting crossover claims to the IME.

When a provider submits claims to traditional Medicare or Medicare/Medicaid beneficiaries, Medicare will process the claim, apply a deductible and/or coinsurance amount and automatically forward (crossover) the claim to the IME for payment of the deductible and/or coinsurance amount due. The exception to this process is Special Low Income Medicare Beneficiaries (SLMB). A SLMB member is not eligible for Medicaid wrap around services (payment of the Medicare deductible/coinsurance by Medicaid).

When a provider submits a Medicare Advantage claim for processing, the claim will not crossover to the IME from the Medicare Advantage Plan. Iowa Medicaid providers are required to use the IME Medicare Crossover Claim Forms [470-4707](#)¹ and [470-4708](#)² and attach a copy of the Explanation of Medicare Benefits (EOMB) from the Medicare Advantage Plan. The [Medicare Crossover Claim Forms](#)³ and attachments are submitted only after the Medicare Advantage Plan has processed the claim and established that a coinsurance and/or

¹ <https://dhs.iowa.gov/sites/default/files/CrossOver-Institutional.pdf>

² <https://dhs.iowa.gov/sites/default/files/CrossOver-Professional.pdf>

³ <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>

deductible are due. Please refer to [Informational Letter 1465](#)⁴ for the electronic process for billing Part B crossovers.

If a provider submits a Medicaid only claim (billed on a UB04 or CMS-1500) and later discovers that the member is Medicare eligible, the Medicaid payment for the claim should be credited before submitting the claim to Medicare.

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at imeproviderservices@dhs.state.ia.us.